<table>
<tr><td colspan="2">

Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2009

[✓] Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT | ($) 180.00

</td><td>

Complete if Known

Application Number	10/578,993
Filing Date	5/11/2006
First Named Inventor	Eugene Sherry
Examiner Name	Amy Cohen Johnson
Art Unit	2841
Attorney Docket No.	5000 - 061503

</td></tr>
</table>

METHOD OF PAYMENT (check all that apply)

[ ] Check [✓] Credit Card [ ] Money Order [ ] None [ ] Other (please identify):_____

[✓] Deposit Account Deposit Account Number:_____23-0650_____ Deposit Account Name: The Webb Law Firm

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

[ ] Charge fee(s) indicated below   [ ] Charge fee(s) indicated below, **except for the filing fee**

[✓] Charge any additional fee(s) or underpayments of fee(s) [✓] Credit any overpayments
under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	**Fee ($)**	**Small Entity Fee ($)**	**Fee ($)**	**Small Entity Fee ($)**	**Fee ($)**	**Small Entity Fee ($)**	**Fees Paid ($)**
Utility	330	82	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)	Multiple Dependent Claims	
_____ - 20 or HP =	_____	x _____	= _____	Fee ($)	Fee Paid ($)

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)		
_____ - 3 or HP =	_____	x _____	= _____	_____	_____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $270 ($135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).
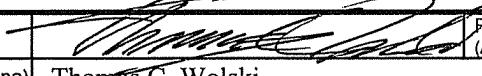
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ - 100 =	_____ / 50 =	_____ (round **up** to a whole number) x	_____	= _____

4. OTHER FEE(S)

Fees Paid ($)

Non-English Specification, $130 fee (no small entity discount)

Other (e.g., late filing surcharge):_____IDS fee_____ 180.00

SUBMITTED BY				
Signature	*[signature]*	Registration No. (Attorney/Agent)	55,739	Telephone 412-471-8815
Name (Print/Type)	Thomas C. Wolski			Date November 7, 2008

Doc. No.